FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

OMB APPROVAL
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hours per response.....16.00

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC      | USE O     | NLY    |
|----------|-----------|--------|
| Prefix   | ı         | Serial |
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|          |           |        |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)            |   |
|---|---|
| Series A and Series B Preferred Units of Mortgagebot Holdings LLC ("Holdings")                          |   |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4                           | (6) ULOE PROFIVED                         |
| Type of Filing: New Filing Amendment  |   |
|   | 200E                                      |
| A. BASIC IDENTIFICATION DATA  | < OCT 1 3 2003 //                         |
| 1. Enter the information requested about the issuer   |   |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)              | 156/8/                                    |
| Mortgagebot Holdings LLC  |   |
| Address of Executive Offices (Number and Street, City, State, Zip Code                                  | r) Telephone Number (Including Area Code) |
| c/o Spectrum Equity Investors, One International Please Bosto Force                                     | 617-464-4600                              |
| Address of Principal Business Operations (Number and Street, City, State, Zip Coo                       | e) Telephone Number (Including Area Code) |
| (if different from Executive Offices)   |   |
| OCT 2 0 2005 //   |   |
| Brief Description of Business   | (   |
| Securities Holding Company THOMSON  |   |
| FINANCIAL   |   |
| Type of Business Organization   | 05068741                                  |
| corporation   limited partnership, already formed   other   | r inlease sh                              |
| business trust limited partnership, to be formed  | Limited Liability Company                 |
| Month Year  |   |
| Actual or Estimated Date of Incorporation or Organization: 0 8 0 5 Actual E                             | stimated                                  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for S |   |
| CN for Canada; FN for other foreign jurisdiction)   |   |

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Bu

|   |                       | A. BAS                                     | IC IDENTI       | FICATION DATA          |          |             |          |                                       |
|---|-----------------------|--|-----------------|------------------------|----------|-------------|----------|---------------------------------------|
| 2. Enter the information re                               | quested for the fol   | lowing:                                    |                 |                        |          |             |          |                                       |
| <ul> <li>Each promoter of the</li> </ul>                  | he issuer, if the iss | uer has been organ                         | ized within     | the past five years;   |          |             |          |                                       |
| Each beneficial own                                       | ner having the pow    | er to vote or dispose                      | e, or direct th | ne vote or disposition | n of, 10 | % or more o | f a clas | s of equity securities of the issuer. |
| <ul> <li>Each executive offi</li> </ul>                   | cer and director o    | f corporate issuers :                      | and of corpo    | orate general and ma   | anaging  | partners of | f partne | ership issuers; and                   |
| Each general and m  | anaging partner o     | f partnership issuer                       | s.              |                        |          |             |          |                                       |
| Check Box(es) that Apply:                                 | Promoter              | Beneficial O                               | wner 🔽          | Executive Officer      |          | Director    |          | General and/or<br>Managing Partner    |
| Full Name (Last name first, it<br>Scott Happ              | findividual)          |  |                 |                        |          |             |          |                                       |
| Business or Residence Addres<br>c/o Mortgagebot LLC, W    |                       | • •  |                 | urg, WI 53012          |          |             |          |                                       |
| Check Box(es) that Apply:                                 | Promoter              | Beneficial O                               | wner 🔽          | Executive Officer      |          | Director    |          | General and/or<br>Managing Partner    |
| Full Name (Last name first, if Sue Baker                  | individual)           |  |                 |                        |          |             |          |                                       |
| Business or Residence Address c/o Mortgagebot LLC, Ws     |                       |  |                 | ra WI 52012            |          |             |          |                                       |
|   |                       |  |                 |                        |          |             |          |                                       |
| Check Box(es) that Apply:                                 | Promoter              | Beneficial O                               | wner            | Executive Officer      |          | Director    |          | General and/or<br>Managing Partner    |
| Full Name (Last name first, it<br>John Cullen             | f individual)         |  |                 |                        |          |             |          |                                       |
| Business or Residence Address                             |                       |  |                 | \4/1 52040             |          |             |          |                                       |
| c/o Mortgagebot LLC, W5                                   |                       |  |                 |                        |          |             |          |                                       |
| Check Box(es) that Apply:                                 | Promoter              | Beneficial O                               | wner [          | Executive Officer      |          | Director    |          | General and/or<br>Managing Partner    |
| Full Name (Last name first, if Michael J. Kennedy         | individual)           |  |                 |                        |          |             |          |                                       |
| Business or Residence Addres                              | •                     |  |                 | Boston MA 021          | 10       |             | _        |                                       |
| Check Box(es) that Apply:                                 | Promoter              | Beneficial O                               | wner 🗌          | Executive Officer      | N        | Director    |          | General and/or<br>Managing Partner    |
| Full Name (Last name first, if<br>Gordon H. Gunnlaugsso   | •                     |  |                 |                        | -        |             |          |                                       |
| Business or Residence Addres<br>c/o Mortgagebot LLC W5    | •                     | Street, City, State,<br>r Way, Suite 2W    | • /             | rg, WI 53012           |          |             |          |                                       |
| Check Box(es) that Apply:                                 | Promoter              | Beneficial O                               | wner 🔲          | Executive Officer      |          | Director    |          | General and/or<br>Managing Partner    |
| Full Name (Last name first, if<br>Benjamin C. Spero       | individual)           |  |                 | <u>.</u>               |          |             |          |                                       |
| Business or Residence Addres<br>c/o Spectrum Equity Inve  | •                     | Street, City, State,<br>lefield Road, Suit |                 | enlo Park, CA 940      | 025      |             |          |                                       |
| Check Box(es) that Apply:                                 | Promoter              | Beneficial O                               | wner 📋          | Executive Officer      |          | Director    |          | General and/or<br>Managing Partner    |
| Full Name (Last name first, if<br>Spectrum Mortgagebot In |                       | oration                                    |                 |                        |          |             |          |                                       |
| Business or Residence Address c/o Spectrum Equity Inves   |                       |  | -               | 02110                  |          |             |          |                                       |
|   | /Han bloo             | ale about or come or                       | d noo oddit     | ional conies of this   | cheet    |             | ٠        |                                       |

|      |                                  |  |                              |  | В. П   | NFORMAT                                    | ION ABOU                                    | T OFFERI                                      | NG  |                             |  |                      |                      |
|------|----------------------------------|--|------------------------------|--|--|--|---|---|---|-----------------------------|--|----------------------|----------------------|
| 1.   | Has the                          | issuer sold                                    | l, or does th                | ne issuer ii                               | ntend to se                                  | ll, to non-a                               | ccredited i                                 | nvestors in                                   | this offer                                  | ing?                        |  | Yes 🔀                | No                   |
|      |                                  |  |                              | Ans  | wer also ir                                  | Appendix                                   | , Column 2                                  | 2, if filing                                  | under ULC                                   | E.                          |  |                      |                      |
| 2.   | What is                          | the minim                                      | um investm                   | ent that w                                 | ill be acce                                  | pted from                                  | any individ                                 | lual?   |   |                             |  | \$                   | )                    |
| 3.   | Does th                          | e offering                                     | permit join                  | t ownershi                                 | p of a sing                                  | le unit?                                   |   |   |   |                             |  | Yes                  | No<br>🗷              |
| 4.   | commis<br>If a pers<br>or states | sion or sim<br>son to be lis<br>s, list the na | ilar remune<br>ted is an ass | ration for s<br>sociated pe<br>roker or de | solicitation<br>erson or age<br>ealer. If mo | of purchasent of a broker<br>ore than five | ers in conn<br>ker or deale<br>e (5) person | ection with<br>or registered<br>ns to be list | sales of sec<br>d with the S<br>ed are asso | curities in t<br>SEC and/or | irectly, any<br>he offering.<br>with a state<br>sons of such |                      |                      |
| Ful  | l Name (                         | Last name                                      | first, if indi               | vidual)                                    |  |  |   |   | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     |                             |  |                      |                      |
| Bus  | siness or                        | Residence                                      | Address (N                   | umber and                                  | d Street, C                                  | ity, State, Z                              | Zip Code)                                   |   | ·····                                       |                             |  |                      |                      |
| Nar  | me of As                         | sociated Br                                    | oker or De                   | aler                                       |  |  |   |   | ****  |                             |  |                      |                      |
| Stat | tes in Wh                        | nich Person                                    | Listed Has                   | Solicited                                  | or Intends                                   | to Solicit                                 | Purchasers                                  | <u> </u>                                      |   |                             |  |                      |                      |
|      | (Check                           | "All States                                    | " or check                   | individual                                 | States)                                      |  |   | ••••••  |   | •••••                       |  | ☐ Al                 | l States             |
|      | AL IL MT RI                      | AK<br>IN<br>NE<br>SC                           | IA<br>NV<br>SD               | KS<br>NH<br>TN                             | CA<br>KY<br>NJ<br>TX                         | CO<br>LA<br>NM<br>UT                       | ME<br>NY<br>VT                              | MD<br>NC<br>VA                                | DC<br>MA<br>ND<br>WA                        | FL<br>MI<br>OH<br>WV        | GA<br>MN<br>OK<br>WI   | MS<br>OR<br>WY       | MO<br>PA<br>PR       |
| Ful  | l Name (                         | Last name                                      | first, if indi               | vidual)                                    |  |  |   |   | ·   |                             |  |                      |                      |
| Bus  | siness or                        | Residence                                      | Address (N                   | Number an                                  | d Street, C                                  | City, State,                               | Zip Code)                                   |   |   |                             |  |                      |                      |
| Nar  | me of Ass                        | sociated Br                                    | oker or De                   | aler                                       |  | <u></u>                                    | ····  |   |   |                             |  | -11                  |                      |
| Stat | tes in Wh                        | nich Person                                    | Listed Has                   | Solicited                                  | or Intends                                   | to Solicit                                 | Purchasers                                  |   |   |                             | ···  |                      |                      |
| 014  |                                  |  | " or check                   |  |  |  |   |   |   |                             | **************   | □ AI                 | l States             |
|      |                                  |  | (Ta)                         |  |  | احتما                                      |   | [55]  | (F)   | التنا                       |  | <del></del>          | ( <del>(S)</del>     |
|      | AL IL                            | AK<br>IN                                       | AZ<br>IA                     | AR<br>KS                                   | CA<br>KY                                     | CO<br>LA                                   | CT<br>ME                                    | DE<br>MD                                      | DC<br>MA                                    | FL<br>MI                    | GA<br>MN   | HI<br>MS             | ID<br>MO             |
|      | MT                               | NE   | NV                           | NH   | NJ   | NM   | NY  | NC  | ND  | OH                          | OK   | OR                   | PA                   |
|      | RI                               | SC   | SD                           | TN   | TX   | UT   | VT  | VA  | WA  | WV                          | WI   | WY                   | PR                   |
| Full | l Name (                         | Last name                                      | first, if indi               | vidual)                                    |  |  |   |   |   |                             |  |                      |                      |
| Bus  | siness or                        | Residence                                      | Address (N                   | Number an                                  | d Street, C                                  | ity, State,                                | Zip Code)                                   |   | <del></del>                                 |                             | <del></del>  |                      |                      |
| Non  | ma of Ass                        | aniated Dr                                     | oker or Dea                  | alar.                                      |  |  |   |   |   | ··········                  |  | ·····                |                      |
| Nai. | ne of Ass                        | socialed Br                                    | oker or Dea                  | aier                                       |  |  |   |   |   |                             |  |                      |                      |
| Stat |                                  |  | Listed Has                   |  |  |  |   |   |   |                             |  |                      |                      |
|      | (Check                           | "All States                                    | " or check                   | individual                                 | States)                                      | ***************************************    |   |   |   |                             | •••••••••••  | ☐ Al                 | l States             |
|      | AL<br>IL<br>MT<br>RI             | AK<br>IN<br>NE<br>SC                           | AZ<br>IA<br>NV<br>SD         | AR<br>KS<br>NH<br>TN                       | CA<br>KY<br>NJ<br>TX                         | CO<br>LA<br>NM<br>UT                       | ME<br>NY<br>VT                              | DE<br>MD<br>NC<br>VA                          | DC<br>MA<br>ND<br>WA                        | FL<br>MI<br>OH<br>WV        | GA<br>MN<br>OK<br>WI   | HI<br>MS<br>OR<br>WY | ID<br>MO<br>PA<br>PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|            | Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and  | k  |                              |
|------------|--|--|------------------------------|
|            | already exchanged.   |  |                              |
|            | Type of Security   | Aggregate<br>Offering Price  | Amount Already<br>Sold       |
|            | Debt   | \$ 0.00  | \$ 0.00                      |
|            | Equity Limited Liability Company Series A Preferred Units  | \$ 49,002,734.00   | \$ 49,002,734.00             |
|            | ☐ Common   |  |                              |
|            | Convertible Securities (including warrants)  | \$ 0.00  | 0.00<br>\$                   |
|            | Partnership Interests  |  | \$_0.00                      |
|            | Other (Specify Limited Liability Company Series B Preferred Units  | \$_0*  | \$_0*                        |
|            | Total  |  | \$ 49,002,734.00             |
|            | Answer also in Appendix, Column 3, if filing under ULOE.   |  |                              |
| 2.         | Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicat the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."   | е  | Aggregate                    |
|            |  | Number<br>Investors  | Dollar Amount of Purchases   |
|            | Accredited Investors   |  | \$ 49,002,734.0              |
|            | Non-accredited Investors   |  | \$ 0.00                      |
|            |  |  |                              |
|            |  |  |                              |
|            | Total (for filings under Rule 504 only)  |  | \$                           |
| 3.         | Total (for filings under Rule 504 only)  | S  |                              |
| 3.         | Total (for filings under Rule 504 only)  | Type of  | \$Dollar Amount              |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering   | Type of Security   | \$                           |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering  Rule 505  | Type of Security   | \$Dollar Amount              |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering  Rule 505  Regulation A  | Type of Security N/A   | \$Dollar Amount              |
| i.         | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504   | Type of Security N/A N/A   | Dollar Amount Sold  \$ \$    |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total   | Type of Security N/A N/A N/A   | \$Dollar Amount              |
| <b>3</b> . | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504   | Type of Security N/A N/A N/A   | Dollar Amount Sold  \$ \$    |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is  | Type of Security N/A N/A N/A   | Dollar Amount Sold  \$       |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  | Type of Security N/A N/A N/A   | Dollar Amount Sold  \$ \$ \$ |
|            | Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees   | Type of Security N/A N/A N/A   | Dollar Amount Sold  \$       |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs                               | Type of Security N/A N/A N/A N/A  O  O  O  O  O  O  O  O  O  O  O  O  O  | \$                           |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees                  | Type of Security N/A N/A N/A Security N/A Se | \$                           |
|            | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees | Type of Security N/A N/A N/A Security N/A Se | Dollar Amount Sold  \$       |
|            | Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.  Type of Offering Rule 505 Regulation A Rule 504 Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees                                | Type of Security N/A N/A N/A Security S | \$                           |

\*\* The issuance of Series A and Series B Preferred Units of Holdings was part of a larger recapitalization of Holdings. In lieu of recieving Series B Units holders of Class C Common Units of Mortgagebot LLC could elect to receive cash. The expenses of the recapitalization were paid out of these cash proceeds. Neither the issuer nor Series B Unit holders bore any expense in relation to this offering. See \*\*\* on Page 5.